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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:
JOHNSON et al.
Serial No.: 10/634,103
Filed: August 1, 2003
Atty. File No.: 1604-459
For: "METHOD AND APPARATUS FOR PROVIDING A GAS CORRELATION FILTER FOR REMOTE SENSING OF ATMOSPHERIC TRACE GASES"
Group Art Unit: 2873
Confirmation No. 5859
Examiner: Thomas, Brandi N.

AMENDMENT AND RESPONSE

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the U.S. Patent and Trademark Office (Fax No. 703/572-0300) on 3/14/05.

SHERIDAN ROSS, P.C.
[Signature]

**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Dear Sir:

Applicants submit this Amendment and Response to address the Office Action having a mailing date of December 14, 2004. Authorization to charge Deposit Account No. 19-1970 in the amount of \$400 as the fee for the addition of two independent claims in excess of those previously paid for is hereby given. Please charge any underpayment or credit any overpayment to Deposit Account No. 19-1970.

Reconsideration and withdrawal of the objections to and rejections of the claims are respectfully requested.

03/21/2005 TOKON1 0000004 191970 10634103
01 FC:1201 1000.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2004

10/634 103

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	
INDEPENDENT CLAIMS	minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		<input type="checkbox"/>

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	3/14/05	CLAIMS REMAINING AFTER AMENDMENT	
Total	44	Minus	-- 44 =
Independent	9	Minus	-- 4 = 5
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

1, 2, 16, 19, 24, 29, 32, 33 43

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER	
Total		Minus	
Independent		Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	--	=
Independent	*	Minus	---	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "--".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE		OTHER THAN SMALL ENTITY	
RATE	FEES	RATE	FEES
BASIC FEE	395.00	OR BASIC FEE	790.00
x .25		OR x .50	
x 100		OR x 200	
+180		OR +360	
TOTAL		OR TOTAL	

SMALL ENTITY		OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x .25		OR x .50	
x 100		OR x 200	1,000
+180		OR +360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT A		AMENDMENT B	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x .25		OR x .50	
x 100		OR x 200	
+180		OR +360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C		AMENDMENT D	
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
x .25		OR x .50	
x 100		OR x 200	
+180		OR +360	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	